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## APPLICANTS

William D. Ritzel, Clifton, VA;

## \*\* CONTINUING DATA \*\*\*\*\*

This appln claims benefit of 60/241,369 10/19/2000

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*

\*\* 11/05/2001

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged	Examiner's Signature _____ Initials _____	VA	31	20	3

## ADDRESS

037833  
LITMAN LAW OFFICES, LTD  
PO BOX 15035  
CRYSTAL CITY STATION  
ARLINGTON , VA  
22215

## TITLE

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